

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214526871					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>The North American Mission Board of the Southern Baptist Convention, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>NATIONAL REGISTERED AGENTS INC</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>GA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2014</b></p> <p>SCC ID NO: <b>F1899741</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 4200 NORTH POINT PARKWAY</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ALPHARETTA, GA 30022</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: KEVIN EZELL            TITLE: PRESIDENT            ADDRESS: 4200 NORTH POINT PARKWAY            CITY/ST/ZIP/CO: ALPHARETTA, GA 30022         </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: KEVIN EZELL TITLE: PRESIDENT ADDRESS: 4200 NORTH POINT PARKWAY CITY/ST/ZIP/CO: ALPHARETTA, GA 30022	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME:	GARY FROST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	AL GILBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	CLARK LOGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT CFO		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	RICKEY E CAMP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	DOUGLAS K DIETERLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	CHUCK HERRING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	2ND VICE CHAIR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	MATT MARTING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP ATTORNEY		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	JOE OUTLAW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	RECORDING SECY		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	PATRICK L ADAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	BARRY K ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	JOEY T ANTHONY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		

NAME:	BETTY JO BATEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	CLEATUS J BLACKMON, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	CYNTHIA E BUSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	BRENT L CAMPBELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, VA 30022		
NAME:	PAULA M CORDRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	DANIEL W DE ARMAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	ROBERT E DICKERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	MARK J DYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	WESLEY R EADER, SR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	RAYMOND L EDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	MICHAEL B EDWARDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		

NAME:	BRUCE L FRANKLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOE OUTLAW	JOE OUTLAW, RECORDING SECY	5/27/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			